PTO/SB/01 (08-03)

Edward W. Knowlton,

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DECLARATION FOR UTILITY OR

DESIGN

Attorney Docket Number

First Named Inventor

	PATENT A	COMPLETE IF KNOWN								
(37 CFR 1.63)				Application Number N/A		N/A	·			
~	Declaration Submitted OR		Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date		03/31/04				
	With Initial Filing	Filing (s		Art Unit		N/A				
		require		Examiner N	lame	N/A				
l here	by declare that:	·								
Each i	inventor's residence, ma	ailing address, a	and citizenship are	as stated b	elow next to	their name.				
l belie which	ve the inventor(s) name a patent is sought on th	d below to be to	he original and first itled:	inventor(s) of the subje	ct matter w	hich is clain	ned and for		
Met	hod For Treatmen	t Of Tissue								
								·		
L			(Title of the	Invention)						
the sp	ecification of which		(**************************************							
V	is attached hereto									
	OR	,						·		
	was filed on (MM/DD/Y	· ·		٦ ٠						
	was med on (www.bb/)			j as Unr	ted States Ap	plication N	umber or Po	CT International		
Applic	ation Number	*.	and was amended	d on (MM/I	DD/YYYY)			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
		•								
l ackn	lowledge the duty to di uation-in-part application	sclose informa	tion which is mate	rial to pate	entability as	defined in	37 CFR 1.	56, including for		
and th	e national or PCT intern	ational filing da	te of the continuation	on-in-part a	application.	_				
I here	by claim foreign priority or's or plant breeder's r	benefits unde	r 35 U.S.C. 119(a))-(d) or (f),	or 365(b) o	f any foreig	n application	on(s) for patent,		
countr	y other than the United	States of Amer	ica, listed below an	id have als	o identified b	elow, by ch	ecking the	box, any foreign		
applica before	ation for patent, inventor that of the application of	r's or plant bree on which priority	eder's rights certifica vis claimed.	ate(s), or a	ny PCT inter	national ap	plication ha	ving a filing date		
	Foreign Application		Foreign Filing		Prio	•		Copy Attached?		
	Number(s)	Country	(MM/DD/YY	YY)	Not Cla	imed	Yes	No No		
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (06-03)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	ustomer Number:		OR 🗾	Corresp	ondence address below		
Name							
losi M. Harris							
Address 027 Solane Orive							
027 GOIRING DIVE					ZIP		
City	State						
fountain View		Ce			94040		
	Telephone		Fax				
country	650-941-9421		650-941-9421				
.S.A hereby declare that all statements m			1		ents made on information		
hereby declare that all statements mand belief are believed to be frue; statements and the like so made are lates statements may jeopardize the v	and things may need or	sanment, or b	oth, under 10	the kno	nedge that willful talse 1001 and that such willful		
NAME OF SOLE OR FIRST INVENTO		petition has b	een filed for t	his unsig	ned inventor		
Given Name			Family Name	1/	21-1		
(first and middle [if any]) FLIA	rn well	Sal	or Sumame	Kyo	W4701		
Inventor's Signature	W. Dres	v Car	1		3/3//04		
Residence: City Con State	Ney AU A	Country	5_	Citize	75		
Mailing Address Box /C	1423				Country		
Epohyle Ove State	NevayA	218	3944	8			
			petition has	been filed	for this unsigned inventor		
NAME OF SECOND INVENTOR:			Family Name				
Given Name			or Surnama				
(first and middle [if any])					Date		
Inventor's Signature					20.0		
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Residence: City State	9 0						
Mailing Address				·			
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City							
					a new teacher		
Additional inventors or a tegal represa	ntative are being named on the	supplements	sheet(s) PTO/S	B/02A or 02	LR attached hereto.		
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